Definitions:

Pulse Oximeters: Devices which obtain blood oxygen saturation measurements from a noninvasive probe, typically a finger probe.

Background:

Pulse oximetry has become quite common in the EMS arena. The devices can provide useful information on the patients oxygen saturation and perhaps early indicators of deterioration or indications of severity. Providers must realize that the devices are not flawless; they need to be aware that the readings may be inaccurate for a number of reasons. Clinical assessment must still take precedence over relying on these devices. The greatest drawbacks of the pulse oximeter are provider reliance on the devices and not recognizing the limitations of the readings being obtained (there are frequently inaccurate readings that the provider needs to be able to identify).

1. The pulse oximeter may be utilized by both BLS and ALS providers.

2. The OMD for the agency shall be familiar with the devices and willing to provide oversight. BLS programs and some ALS programs do not include training on the use of the pulse oximeter. The OMD is essential for directing the training on the use of the pulse oximeter. Providers need to be educated as to the proper use of the devices as well as their limitations. Particular attention needs to be placed on the interpretation of the readings and whether they can be relied upon as accurate. Providers should be clear that clinical impressions takes precedence over the oximeter reading.

3. There must be a written protocol with identification of appropriate interventions regarding the readings on the oximeter. This protocol should include BLS providers if the agency OMD is authorizing them to use the pulse oximeter.

4. There shall be a defined program of initial and continuing education.

5. This device is highly recommended for patients undergoing advanced airway interventions; and not a necessary device for BLS patients.